

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
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15	/					
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41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					

TOTAL IND.

TOTAL DEP.

TOTAL

TOTAL IND.

TOTAL DEP.

TOTAL

	IND	DEP	IND	DEP	IND	DEP
51	/					
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
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91		/				
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93		/				
94		/				
95	/					
96		/				
97		/				
98		/				
99		/				
100		/				

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

**FLING DATE**

**APPLICANT(S)**

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**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12			30			
13			3			
14			3			
15			3			
16			3			
17		4				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
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36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL						

	IND	DEP	IND	DEP	IND	DEP
51		i				
52	i					
53		i				
54		i				
55		i				
56		i				
57		i				
58		i				
59		i				
60		i				
61		i				
62		i				
63		i				
64	i					
65		i				
66		i				
67		i				
68		i				
69		i				
70		i				
71	i					
72		i				
73		i				
74		i				
75		i				
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78	i					
79		i				
80		i				
81		i				
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85		i				
86	i					
87		i				
88		i				
89		i				
90		i				
91		i				
92		i				
93		i				
94		i				
95		i				
96		i				
97	i					
98		i				
99		i				
100		i				
TOTAL IND.						
TOTAL DEP.						
TOTAL						

